



MISSOURI DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION
LICENSING SECTION

CHANGE OF PUBLIC ADJUSTER STATUS

P.O. BOX 690 or
P.O. BOX 4001 FOR CORRESPONDENCE WITH FEES
JEFFERSON CITY, MISSOURI 65102
TELEPHONE (573) 751-3518

THIS FORM MAY BE DUPLICATED

INSTRUCTIONS

PLEASE TYPE OR PRINT IN INK.

Enclose a \$10 fee if you want a license showing the new name and/or address. Fee may be paid by check or money order, made payable to DIFP - Insurance. ☐ CHECK BOX IF YOU ARE ENCLOSING THE \$10 FEE.

PUBLIC ADJUSTER IDENTIFICATION NO.	PUBLIC ADJUSTER NAME
CURRENT E-MAIL ADDRESS (PLEASE PRINT CLEARLY)	

☐ **CHANGE NAME TO** (Proper papers from Missouri Secretary of State's Office must accompany this change if other than individual.)

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☐ **INDICATE NEW STRUCTURE** (Check one if other than individual.)

<input type="checkbox"/> INDIVIDUALLY OWNED	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> OTHER
<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> UNINCORPORATED ASSOCIATION	

Please attach a copy of appropriate form indicating the change has been approved by Secretary of State.

☐ **CHANGE OF ADDRESS** (Notification required within 30 days of change.)

NEW RESIDENCE ADDRESS (Required)				
STREET ADDRESS	CITY	STATE	ZIP	HOME PHONE NUMBER
NEW BUSINESS ADDRESS (Optional)				
STREET ADDRESS	CITY	STATE	ZIP	BUSINESS PHONE NUMBER
NEW MAILING ADDRESS (Optional)				
STREET ADDRESS	CITY	STATE	ZIP	BUSINESS PHONE NUMBER

☐ **CHANGE OF OWNERS, OFFICERS OR DIRECTORS**

If there have been any changes of owners, officers or directors, attach a current listing. Please give full name, Social Security Number, title and residence address.

☐ **CHANGES OF LICENSED PUBLIC ADJUSTERS AND/OR PUBLIC ADJUSTER SOLICITORS (Employed by you.)**

CHECK ONE		CHECK ONE		NAME	ID NUMBER	EFFECTIVE DATE
ADD	DELETE	PA	PS			
						MO. DAY YEAR — — —
						— —
						— —

**AUTHORIZED
SIGNATURE**



DATE